



Office of the Secretary of State

Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0378 • Web Address: www.sos.wa.gov/corps

This Box For Office Use Only

- Expedited Services \$50
- Renewal \$25
- Renewal plus late fee \$75

### CHARITABLE TRUST RENEWAL

RCW 11.110

All fields required unless otherwise specified

<b>ORGANIZATION INFORMATION</b>			Registration # _____
Organization Name: _____			
Is this a Mixed Trust: (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (a mixed trust is a private and a charitable trust combined)			
Current Establishment of Trust: (Check one below) If changed an Amendment <b><u>MUST</u></b> be filed first			
<input type="checkbox"/> Articles of Incorporation & Bylaws UBI/Jurisdiction Required	<input type="checkbox"/> Trust Agreement UBI Number is optional	<input type="checkbox"/> Last Will & Testament UBI Number is optional	<input type="checkbox"/> Probate Order UBI Number is optional
Name of Corporation: _____ _____ _____	Trust Agreement: _____ _____ _____	Inter Vivos of: _____ _____ _____	Estate of: _____ County Probated: _____ Probated Number: _____ Probated Date: _____
Date of Incorporation: _____	Date of Establishment: _____	Date of Establishment: _____	
Name and address of the charitable organization(s) that the trust designates as beneficiary (Optional) (Attach an addition sheet if needed): _____			
UBI Number: _____ Jurisdiction: _____			
<b>Jurisdiction is the State/Country of Incorporation. Organization name must match the name that is associated to the UBI #</b>			
Federal EIN/Tax ID Number: (Nine digits) _____			

Registration # \_\_\_\_\_

**ORGANIZATION INFORMATION**

Continued from page 1

**Has the organization's Federal Tax Exempt Status changed:** (Check one)  Yes  No

If Yes, IRS Determination letter must be attached. If organization is one of the following: Church/Church Affiliated, Government Entity, or Annual gross receipts under \$5,000, then automatic exemption applies and an IRS Determination letter is not required.

(Check one)  115(1)  170(c)(1)  501(c) (1-27 if not using fillable form): \_\_\_\_\_

Church/Church Affiliated  Government Entity  Annual gross receipts normally \$5,000 or less

Summarize the organization's charitable purpose:

**ORGANIZATION'S CONTACT INFORMATION**

Organization Email: \_\_\_\_\_

Organization Phone Number: \_\_\_\_\_

Organization Website: (optional) \_\_\_\_\_

Is the Street and Mailing Address the same? (**Only if mailing address is NOT a PO Box or PMB**)

(Check one)  Yes  No

**If Yes**, and mailing address is in WA state then **County is required** in the street address box.

**If no**, then please provide at the minimum the City, State and Zip in the street address box. If state is WA then the **County is required**.

Organization Mailing Address:

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Organization Street Address:

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Registration # \_\_\_\_\_

**ORGANIZATION'S FINANCIAL INFORMATION**

Has the organization's accounting year changed? (Check one)  Yes  No

**If Yes**, the organization will need to submit an Amendment to be filed before the renewal. The Amendment will need to include a fiscal short report, showing the organization's financial figures from the short year.

**If No**, please continue below.

**Please check the type of tax return that was filed for the accounting year change:**

990  990EZ  990PF  990N  Other and continue to fill out the financial information below.

**FINANCIAL REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR**

**ALL** below financial fields must be completed. Enter zero if the organization does not have any financial information to report for a specific field. The organization's form 990 or other tax form **MUST** be enclosed.

Organization's Accounting Year Beginning Date  _____	Organization's Accounting Year Ending Date  _____
Beginning Gross Assets:  \$ _____	Ending Gross Assets:  \$ _____
Total Revenue:  \$ _____	Compensation of officers/directors/trustees:  \$ _____
Grants, Contributions and Program Services:  \$ _____	Total Expenses:  \$ _____

Registration # \_\_\_\_\_

**OFFICERS, DIRECTORS, TRUSTEES**

Check if address and phone number for the individual(s) listed is the same as the information reported in the Organization's Mailing Address Information section. (If checked, only the individual's name and title must be reported)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Attach an additional sheet if necessary

**ORGANIZATION'S FINANCIAL PREPARER**

**PERSON OR ORGANIZATION THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION,  
IF ANY, OR PERSON OR ENTITY THAT COMPLETED THE FINANCIAL REPORT**

Please check one:  Organization (section 1)  Individual (section 2)

**(Section 1) Organization**

**Organization Name:** \_\_\_\_\_

**Representative's First and Last Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**(Section 2) Individual**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Registration # \_\_\_\_\_

**ORGANIZATION'S LEGAL INFORMATION**

Has the organization **or** any individual in its registration been subject to any legal action in which a judgment or final order was entered, or action is currently pending? (Check one)  Yes  No If Yes, please complete below and enclose documentation with the registration.

Court (Jurisdiction): \_\_\_\_\_ Case Number: \_\_\_\_\_

Title of Legal Action: \_\_\_\_\_ Date of Legal Action: \_\_\_\_\_

**FILING CORRESPONDENCE ADDRESS**

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the organization's mailing address. **(Optional)**

**Attention to:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**SIGNATURE (Required)**

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above-named charitable trust.
- The information contained herein is accurate and true to the best of the applicant's knowledge.

**X** \_\_\_\_\_

Signature of Applicant

Printed Name / Title

Date

Contact phone number \_\_\_\_\_

Registration # \_\_\_\_\_

**TRUST DIRECTORY (Optional)**

Complete this section if the organization wishes to be included in the Washington Charitable Trust Directory:  
 Yes  No If yes please check which type  Grantmaker  Grantseeker  Both Grantmaker/Grantseeker

Contact person (if different than trustee): \_\_\_\_\_ Phone number: \_\_\_\_\_

**PURPOSE CODES:**

Check up to three (3) of the following Purpose Codes to describe the organization's activities:  
Note - Purpose Codes are adopted from the National Taxonomy of Exempt Organizations (NTEE).

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Arts, culture, humanities                           | <input type="checkbox"/> Food, nutrition, agriculture                 | <input type="checkbox"/> Philanthropy & volunteerism             |
| <input type="checkbox"/> Educational institutions & related activities       | <input type="checkbox"/> Housing/shelter                              | <input type="checkbox"/> Science                                 |
| <input type="checkbox"/> Environmental quality, protection                   | <input type="checkbox"/> Public safety/disaster preparedness & relief | <input type="checkbox"/> Social sciences                         |
| <input type="checkbox"/> Animal-related activities                           | <input type="checkbox"/> Recreation, leisure, sports, athletics       | <input type="checkbox"/> Public affairs/society benefit          |
| <input type="checkbox"/> Health - general & rehabilitative                   | <input type="checkbox"/> Youth development                            | <input type="checkbox"/> Religion/spiritual development          |
| <input type="checkbox"/> Mental health, crisis intervention                  | <input type="checkbox"/> Human service - other multipurpose           | <input type="checkbox"/> Mutual membership benefit organizations |
| <input type="checkbox"/> Disease/disorder/medical disciplines (multipurpose) | <input type="checkbox"/> International                                | <input type="checkbox"/> Unknown, unclassifiable                 |
| <input type="checkbox"/> Medical research                                    | <input type="checkbox"/> Civil rights/civil liberties                 |  |
| <input type="checkbox"/> Public Protection: crime/courts/legal services      | <input type="checkbox"/> Community improvement/development            |  |
| <input type="checkbox"/> Employment/jobs                                     |   |  |

**GRANTMAKERS ONLY**

Does the organization accept unsolicited applications? (Check one)  Yes  No

Grants are made to: (Check all that apply)  501 (c)(3) organizations  Other organizations  Individuals

Average grant size: (Check one)  \$5000 or below  \$5,001 - \$10,000  \$10,001 - \$25,000  \$25,001 - \$50,000  \$50,001 or above

Geographic service area (check all that apply)  Washington State  Pacific Northwest  United States

Local (describe) \_\_\_\_\_

Other (describe) \_\_\_\_\_

Suggested initial approach for grant seekers: (Check all that apply)  Letter  Request information packet

Telephone call  Do not call

Email \_\_\_\_\_

Other \_\_\_\_\_